Bureau of Health Care Quality and Compliance

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	NVN2505AGZ	A. BUILDING _____ B. WING _____	07/15/2010

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
MERRILL GARDENS AT GARDNERVILL	1565 VIRGINIA RANCH RD GARDNERVILLE, NV 89410

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
Y 000	Initial Comments The findings and conclusions of any investigation by the Health Division shall not be construed as prohibiting any criminal or civil investigations, actions or other claims for relief that may be available to any party under applicable federal, state, or local laws. This Statement of Deficiencies was generated as a result of an annual State Licensure survey conducted in your facility on 7/15/10. This State Licensure survey was conducted by the authority of NRS 449.150, Powers of the Health Division. The facility is licensed for 128 Residential Facility for Group beds for elderly and disabled persons, Category II residents and 24 persons with Alzheimer's disease, Category II residents. The census at the time of the survey was 58. Fifteen resident files were reviewed and fifteen employee files were reviewed. One discharged resident file was reviewed. The facility received a grade of B. The following deficiencies were identified:	Y 000		
Y 070 SS=D	449.196(1)(f) Qualifications of Caregiver-8 hours training NAC 449.196 1. A caregiver of a residential facility must: (f) Receive annually not less than 8 hours of training related to providing for the needs of the residents of a residential facility. This STANDARD is not met as evidenced by: Based on record review on 7/15/10, the facility	Y 070		

If deficiencies are cited, an approved plan of correction must be returned within 10 days after receipt of this statement of deficiencies.

TITLE (X6) DATE

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

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Y 070	Continued From page 1 failed to ensure that 3 of 15 caregivers received eight hours of annual training (Employees #5, #7 and #14). Severity: 2 Scope: 1	Y 070		
Y 105 SS=D	449.200(1)(f) Personnel File - Background Check NAC 449.200 1. Except as otherwise provided in subsection 2, a separate personnel file must be kept for each member of the staff of a facility and must include: (f) Evidence of compliance with NRS 449.176 to 449.185, inclusive. This Regulation is not met as evidenced by: Based on record review on 7/15/10, the facility failed to ensure 1 of 15 employees met background check requirements (Employee #11 - FBI report). Severity: 2 Scope: 1	Y 105		
Y 255 SS=C	449.217(6)(a)(b) Permits - Comply with NAC 446 on Food Service NAC 449.217 6. A residential facility with more than 10 residents must: (a) Comply with the standards prescribed in chapter 446 of NAC. (b) Obtain the necessary permits from the Bureau of Health Protection Services of the Division.	Y 255		

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Y 255	Continued From page 2 This Regulation is not met as evidenced by: Based on observation, interview, and record review on 7/15/10, the facility failed to ensure the kitchen complied with the standards of NAC 446. 1. Cleaning and Sanitation Issues: a. The table top under the juice dispenser was soiled with liquid and food debris. b. Multiple sanitized pans were found wet stacked. c. The towel dispenser was empty at one of the kitchen handsinks located near the bistro entrance. d. Kitchen and dry storage room floors had some accumulation of food and debris. e. A mop was found incorrectly stored in the janitor's area. 2. Equipment and Maintenance Issues: a. The ice machine door hinge was in disrepair. b. The gasket for the reach-through refrigerator door was damaged. Severity: 1 Scope: 3	Y 255		

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Y 693	Continued From page 3	Y 693		
Y 693 SS=D	449.2712(2) Oxygen-Caregiver monitor resident ability NAC 449.2712 2. The caregivers employed by a residential facility with a resident who requires the use of oxygen shall: (a) Monitor the ability of the resident to operate the equipment in accordance with the orders of a physician. (b) Ensure That: (1) The resident's physician evaluates periodically the condition of the resident which necessitates his use of oxygen; (2) Signs which prohibit smoking and notify persons that oxygen is in use are posted in areas of the facility in which oxygen is in use or is being stored; (3) Persons do not smoke in those areas where smoking is prohibited; (4) All electrical equipment is inspected for defects which may cause sparks. (5) All oxygen tanks kept in the facility are secured in a stand or to a wall; (6) The equipment used to administer oxygen is in good working condition; (7) A portable unit for the administration of oxygen in the event of a power outage is present in the facility at all times when a resident who requires oxygen is present in the facility; and (8) The equipment used to administer oxygen is removed from the facility when it is no longer needed by the resident.	Y 693		

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Y 693	Continued From page 4 This Regulation is not met as evidenced by: Based on observation on 7/15/10, the facility did not ensure oxygen tanks were secured in a rack or to the wall in 2 of 24 resident rooms in which oxygen was being used (Rooms #304 and #314). Severity: 2 Scope: 1	Y 693		
Y 936 SS=F	449.2749(1)(e) Resident file-NRS 441A Tuberculosis NAC 449.2749 1. A separate file must be maintained for each resident of a residential facility and retained for at least 5 years after he permanently leaves the facility. The file must be kept locked in a place that is resistant to fire and is protected against unauthorized use. The file must contain all records, letters, assessments, medical information and any other information related to the resident, including without limitation: (e) Evidence of compliance with the provisions of chapter 441A of NRS and the regulations adopted pursuant thereto. This Regulation is not met as evidenced by: Based on record review on 7/15/10, the facility failed to ensure that 8 of 15 residents complied with NAC 441A.380 regarding tuberculosis testing (Resident #2, #3, #7, #8, #9, # 12, #13 and #14 - excessive TB tests performed). Severity: 2 Scope: 3	Y 936		

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Y1036	Continued From page 5	Y1036		
Y1036 SS=E	449.2768(1)(a)(2) Dementia Training	Y1036		

449.2768
1. Except as otherwise provided in subsection 2, the administrator of a residential facility which provides care to persons with any form of dementia shall ensure that:
(a) Each employee of the facility who has direct contact with and provides care to residents with any form of dementia, including, without limitation, dementia caused by Alzheimer's disease, successfully completes:
(2) In addition to the training requirements set forth in subparagraph (1), within 3 months after such an employee is initially employed at the facility, at least 8 hours of training in providing care to a resident with any form of dementia, including, without limitation, Alzheimer's disease.

This Regulation is not met as evidenced by:
Based on record review on 7/15/10, the facility failed to ensure 2 of 6 caregivers working in the Alzheimer's unit received at least 8 hours of training in providing care to a resident with any form of dementia, including Alzheimer's disease within three (3) months of initial employment (Employees #4 and #6).

Severity: 2 Scope: 2